



5
BRANCHES TO
SERVE YOU

— ACCOUNT OPTIONS —

Some products we offer:

- Online & Mobile Banking
- Personal Loans
- Health Savings Accounts
- Mortgage Loans
- Construction Loans
- Money Market Accounts
- Lines of Credit
- Certificates of Deposit (CD)
- Savings Accounts for Minors
- Business Loans
- Personal & Business Checking



Our Strength. Your Future.SM

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LANDMARK BANK'S STEPS TO SWITCH

The following forms have been created for you to help make the process of switching easier.

1 OPEN YOUR NEW ACCOUNT

Visit any of our locations and we will be happy to assist you in establishing your new account(s) with us.

2 GET ORGANIZED

Use our hassle-free kit to organize the transactions that will be switched to your new Landmark Bank account(s).

3 TRANSFER YOUR DIRECT DEPOSITS

Send Form 1: Direct Deposit Authorization Form to your employer and other sources so your funds can be automatically deposited to your account. If you have Direct Deposits going elsewhere, you can also use this form to switch them to your new account.

4 MOVE YOUR AUTOMATIC PAYMENTS

Send Form 2: Automatic Payment Authorization Form to each of your creditors to switch any automatic payments so they will come out of your new Landmark Bank account(s).

5 SAY GOODBYE TO YOUR OLD ACCOUNT

Use Form 3: Account Closing Letter to notify your previous financial institution(s) to close your account and let them know how to disburse any of your remaining funds. Make sure all of your checks and debits have cleared BEFORE you close your old account.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE DO NOT HESITATE TO CONTACT US: CALL OR STOP INTO YOUR LOCAL LANDMARK BANK BRANCH.



TRANSACTION CHECKLIST

DIRECT DEPOSITS: LIST ALL DIRECT DEPOSITS TO YOUR ACCOUNT(S).

Deposit Type	Company Name	Account Number	Amount	Date
Employer Payroll				
Social Security				
Pension/Retirement				
Investment/Brokerage				

AUTOMATIC PAYMENTS/TRANSFERS: LIST ALL WITHDRAWALS FROM YOUR ACCOUNT(S).

Deposit Type	Company Name	Account Number	Amount	Date
Mortgage				
Association Dues				
Home Insurance				
Auto Insurance				
Car Payment				
Life Insurance				
Gas				
Electric				
Water				
Phone				
Trash Service				
TV/Streaming Services				
Internet				
Security System				
Fitness Membership				
Charitable Withdrawal				

PREVIOUS ACCOUNT TRACKING

You will want to track the activity on your old account. Make sure all checks, deposits, automatic payments, debit card transaction and ATM withdrawals have cleared before closing the account.





FORM 1: TRANSFERRING DIRECT DEPOSITS

To transfer your direct deposit, send form 1: Direct Deposit Authorization Form to your employer and any other sources so your funds can be automatically deposited to your Landmark Bank account(s). Please contact your employer's payroll department if you have questions about their process.

For Social Security deposits, you may call the Social Security Administration at (800) 333-1795 or sign up online at ssa.gov/deposit.

BE SURE TO INCLUDE A COPY OF THE DIRECT DEPOSIT FORM THAT WAS PROVIDED TO YOU AT THE TIME YOUR ACCOUNT WAS OPENED.

FORM 1: DIRECT DEPOSITS

DIRECT DEPOSIT AUTHORIZATION FORM

Attention: (Enter the company you want deposits directed from here)

NAME:

ADDRESS

CITY

STATE

ZIP CODE

From: (Enter your personal information here)

CUSTOMER NAME

CUSTOMER ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER (IF REQUIRED)

PHONE NUMBER

- FOR SOCIAL SECURITY DEPOSITS, YOU MAY CALL THE SOCIAL SECURITY ADMINISTRATION AT (800) 333-1795 OR BY SIGNING UP ONLINE AT [SSA.GOV/DEPOSIT](https://ssa.gov/deposit).

To Whom It May Conern,

I have recently switched financial institutions. Please stop making deposits into my old account and begin making them to my new Landmark Bank account indicated below.

NEW ACCOUNT INFORMATION: (ENTER YOUR LANDMARK BANK INFORMATION HERE)

LANDMARK BANK ROUTING NUMBER

065201624

ACCOUNT NUMBER

CHECKING

SAVINGS

ACCOUNT NUMBER

CHECKING

SAVINGS

SIGNATURE

DATE

DEPOSIT: TOTAL AMOUNT \$ into CHECKING account listed above

DEPOSIT: TOTAL AMOUNT \$ into SAVINGS account listed above

BE SURE TO INCLUDE A COPY OF THE DIRECT DEPOSIT FORM THAT WAS PROVIDED TO YOU AT THE TIME YOUR ACCOUNT WAS OPENED.



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FORM 2: TRANSFERRING YOUR AUTOMATIC PAYMENTS

Use Form 2: Automatic Payment Authorization Form to request the transfer of your automatic payment(s) to your Landmark Bank account(s), or to establish a new automatic payment from your new Landmark Bank account(s). Please allow sufficient time for your first payments to be activated.

BE SURE TO INCLUDE A COPY OF THE DIRECT DEPOSIT FORM THAT WAS PROVIDED TO YOU AT THE TIME YOUR ACCOUNT WAS OPENED.

FORM 2: AUTOMATIC PAYMENTS

AUTOMATIC PAYMENT AUTHORIZATION FORM

Attention: (Enter the company you want payments directed to here)

NAME:

ADDRESS

CITY

STATE

ZIP CODE

From: (Enter your personal information here)

CUSTOMER NAME

CUSTOMER ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

To Whom It May Concern,

I have recently switched financial institutions. Please redirect my automatic payments from my old account and begin withdrawing from my new Landmark bank account indicated below.

EFFECTIVE:

IMMEDIATELY

Beginning / /

PAY:

TOTAL AMOUNT

\$

NEW ACCOUNT INFORMATION: (ENTER YOUR LANDMARK BANK INFORMATION HERE)

LANDMARK BANK ROUTING NUMBER

065201624

ACCOUNT NUMBER

CHECKING

SAVINGS

SIGNATURE

DATE

BE SURE TO INCLUDE A COPY OF THE DIRECT DEPOSIT FORM THAT WAS PROVIDED TO YOU AT THE TIME YOUR ACCOUNT WAS OPENED.



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FORM 3: CLOSING OLD ACCOUNTS

It's time to say goodbye to your old accounts! Use Form 3: Account Closing Letter to request your previous financial institution to close your account(s) and give directions on how to disburse any of your remaining funds. Prior to closing those accounts, ask them if there are any fees associated with closing them. Make sure all of your checks and debits have cleared BEFORE you close your old account.

FORM 3:ACCOUNT CLOSING

ACCOUNT CLOSING LETTER

Attention: (Enter your old financial institution's information here)

NAME:

ADDRESS

CITY

STATE

ZIP CODE

To Whom It May Concern,

Please accept this letter as authorization to close my account(s) listed below with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner Name(s)

PLEASE SEND ALL CLOSING BALANCES TO: (ENTER YOUR PERSONAL INFORMATION HERE)

NAME:

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

PRIMARY ACCOUNT OWNER SIGNATURE

DATE

SECONDARY ACCOUNT OWNER SIGNATURE

DATE

